

WEB SITE: www.privatesecurity.mt.gov

Applicants requesting armed status will have firearms training by a Board Licensed Firearms Instructor, and the training certificate and fee will need to be submitted with the application to the Board office.

**301 South Park, Room 430
P.O. Box 200513
Helena, Montana 59620-0513
(406) 841-2348 FAX: (406) 841-2309
EMAIL: dlibsdp@mt.gov
WEB SITE: www.privatesecurity.mt.gov**

☐ Resident Manager ☐ Qualifying Agent

1. FULL NAME: _____

LAST FIRST MIDDLE

2. OTHER NAMES KNOWN BY: _____

3. SECURITY EMPLOYER NAME: _____

4. EMPLOYER ADDRESS:

Street and PO Box #	City/State	Zip
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5. HOME ADDRESS: _____

Street and PO Box #	City/State	Zip
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6. TELEPHONE: _____
Employer Home Fax

7. SOCIAL SECURITY NUMBER: _____ FOREIGN ID NUMBER: _____

8. DATE OF BIRTH: _____ PLACE OF BIRTH: _____

☐ MALE
☐ FEMALE

HEIGHT	WEIGHT	EYES	HAIR
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9. LIST YOUR EXPERIENCE WHICH MEETS THE REQUIREMENTS FOR LICENSURE (attach supplement if necessary):

10. LIST TRAINING OR EDUCATION THAT PERTAINS TO YOUR LICENSURE FIELD (attach supplement if necessary):

11. **EMPLOYMENT HISTORY:** Minimum of the last five (5) years must be shown and does not necessarily need to relate to employment to qualify for licensure. Enter most recent position first. If additional space is needed, attach a separate sheet or resume.

NAME & ADDRESS OF EMPLOYER

YOUR POSITION

DATE (FROM-TO)

12. Are you a high school graduate or equivalent?

☐ Yes ☐ No

Please answer the following questions. If you answer yes, attach a detailed explanation (names of organizations, dates, reasons and outcome) on a supplement sheet.

13. Has a licensing agency ever taken adverse or disciplinary action against your license (certificate)?

☐ Yes ☐ No

14. Has your license (certificate) ever been forfeited or surrendered?

☐ Yes ☐ No

15. Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct?

☐ Yes ☐ No

16. Has any legal or disciplinary action been filed against you which relates to the propriety or your fitness to practice this profession/occupation?

☐ Yes ☐ No

17. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member?

☐ Yes ☐ No

18. Do you have criminal charges pending or have you ever pled guilty or been convicted of a crime (including a plea of no contest or deferred prosecution) whether or not an appeal is pending?

You may omit charges or convictions prior to your 16th birthday.

☐ Yes ☐ No

19. Have you ever been charged with fraud, formally or informally, in any civil proceeding?

☐ Yes ☐ No

20. Have you any physical or mental condition that has in the past three years adversely affected your ability to practice this profession/occupation?

☐ Yes ☐ No

21. Have you, used alcohol or any other mood-altering substance in a manner which adversely affected your ability to practice this profession/occupation?

☐ Yes ☐ No

22. Have you had any traffic violations in the past five years?
If yes, list all violations on a separate sheet of paper.

☐ Yes ☐ No

23. Do you currently hold any type of license in Montana or another state?
If yes, provide the following information:

☐ Yes ☐ No

State/Province/Territory	License Number	Date Issued	Is License Current	Type of License
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

24. List three references below, not related by blood or marriage. Two of the three being a former employer, individual, or firm with whom you had a working contractual agreement or had knowledge of the agreement or working relationship.

Name of Reference	Relationship	Phone Number

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Private Security Patrol Officers and Investigators.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

I hereby declare that if a Montana license is issued to me, I agree to conduct myself in accordance with the laws of Montana and the rules of the Board of Private Security Patrol Officers and Investigators.

Legal Signature of Applicant

Dated

Subscribed and sworn to by me this _____ day of _____, _____ at

City/State

SEAL

Notary Public Signature

Notary Public Printed Name

For the State of _____

My commission expires _____, _____.

STATE OF MONTANA – DEPARTMENT OF LABOR AND INDUSTRY
BOARD OF PRIVATE SECURITY PATROL OFFICERS AND INVESTIGATORS

SCANNING FORM FOR PHOTO ID CARD

Affix Photo Here

Signature required on above line.